

PI VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

Bu. Vou. No. 101

U. S. Cost Reimbursable
(Department, bureau, or establishment)

Voucher prepared at
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 526

To
(Payee)

SAPC PAID BY
339,
COPY/ 05 3
(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				9,908.	61

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No. Total 9,908. 61

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences

(Sign original only)

Date 10-24-55

*Payee

25X1A

25X1A

Per

Title

Account verified; correct for
(Signature or initials)

9,908.61

Contract No. A101 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$ 9,908.61

25X1A

By

SIGN
ORIGINAL
ONLY

Title Approving Officer

Date 25X1A

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title				Limit'n. or Proj't. Amount	Appropriation Amount
Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. 10, 719,919 dated Nov 7, 1955 for \$ 100,346.69 } on Treasurer of the United States in favor of payee named above.
Cash, \$, on 19 Payee

(Sign original only)


*When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
†If the ability to certify and authorize to approve are combined in one person, or signature only is necessary, otherwise the approving authority must be shown on the voucher.

Per

Sanitized - Approved For Release : CIA-RDP64-00360R000400030012-2
Public Voucher for Purchase of
Services Other Than Personal

CONTINUATION SHEET

U. S. _____ Cost Reimbursable _____ Sheet No. 1 _____ of Bureau Voucher No. 101
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
25X1A		<u>PAYROLL</u> <u>SYSTEM III</u>					
		Direct Labor Costs properly chargeable to Contract A101 for the period 10/10/55 thru 10/16/55					
		Week Ending 10/16/55				3,863.	00
						5,987.	65 ✓
		Total Labor and Overhead				9,850.	65 ✓
<u>CK.#</u> 13350	<u>P.O.#</u> 9898	<u>OTHER COSTS</u>					
		<u>NAME</u>					
		Ducommun Metal		57.	96 ✓		
		Total Other Costs				57.	96 ✓
		Total Labor, Overhead and Other Costs				9,908.	61 ✓

FORM A 105 ©

4890 So. Alameda St.
LU dlow 8-0161

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DUCOMMUN

METALS & SUPPLY CO.
P. O. BOX 2117, TERMINAL ANNEX
LOS ANGELES 54, CALIF.



INVOICE

TERMS CODE

Uncoded Amounts Take Same Discount As Next Coded Amount Below.

T—2% - 10th Prox. R—1% - 10th Prox.
E—½ OF 1% - 10th Prox. M—Net Cash - 30 Days

TOTAL CASH DISCOUNT

1 18

S
BOLD
TO

RAMO WOOLRIDGE CO
8820 BELLANCA ST
L A 45 CALIF

SHIPPED
TO

SHIPPED
FROM

F. O. B.

YOUR ORDER NO.

INVOICE AND PACKING LIST NO.

ROUTE

PREPAID - COLLECT

SHIPPING DATE

INVOICE DATE

9898

923 417

WC

9/23/55

9/28/55

QUANTITY	DESCRIPTION	LIST OR NET PRICE	TOTAL
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1 ROLL
/

48 IN PACIFIC DURO BRONZE
WIRE SCREEN CLOTH

59 14 ROLL 59 14 T

1.18

57.96

APPROVED FOR	PAID
PAID	PAID
PRICES AND	PRICES AND
EXTENSIONS	EXTENSIONS
ACCOUNT	ACCOUNT
CR # 13350	

CLAIMS: All claims for defective material are waived unless made in writing within five days from the date of shipment. Our liability is limited to replacing the material or refunding the invoice value of the material sold.

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ESMEN cannot authorize the return of merchandise. will be charged on Past Due Accounts. by Warrant that there has been no violation of any of the provisions of the Federal Fair Labor Standards Act of 1938, as amended, for as the transaction represented by this invoice is concerned.

RECEIVING REPORT

Sanitized - Approved

REPORT IN: 64-00360R000400030012-2

SHIPPER.

REC'D VIA

PACKING SLIP NO.

DATE 9-23

P. O. NO. 9898/REG/12277

FREIGHT BILL NO.

NO. OF CONTAINERS.

GGIP

MJO 1023
ccc 25-00-00

STATINTI

REMARKS:

Communication

STATINTL

~~01A-BB01-00000000000400030012-2~~

DELIV
TO: